



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-012A

BILL OF LADING (pursuant to 310 CMR 40.0030)

Release Tracking Number*

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A. LOCATION OF SITE OR DISPOSAL SITE WHERE REMEDIATION WASTE WAS GENERATED:

Release Name (optional): _____

Street: _____ Location Aid: _____

City/Town: _____ ZIP Code: _____

Date/Period of Generation: _____ to: _____

Additional Release Tracking Numbers Associated with this Bill of Lading: _____

** Note: If this Bill of Lading is the result of a Limited Removal Action (LRA) taken prior to Notification, a Release Tracking Number is not needed.*

B. PERSON CONDUCTING RESPONSE ACTION ASSOCIATED WITH BILL OF LADING:

Name of Organization: _____

Name of Contact: _____ Title: _____

Street: _____

City/Town: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____

C. RELATIONSHIP TO RELEASE OF PERSON CONDUCTING RESPONSE ACTION ASSOCIATED WITH BILL OF LADING:

- ☐ RP or PRP Specify: ☐ Owner ☐ Operator ☐ Generator ☐ Transporter Other RP or PRP: _____
- ☐ Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c. 21E, s. 2)
- ☐ Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5(j))
- ☐ Other Person: _____

If an owner and/or operator is not conducting the response action associated with the Bill of Lading, provide on an attachment the name, contact person, address and telephone number, including any area code and extension, for each, if known.

D. TRANSPORTER OR COMMON CARRIER INFORMATION:

Transporter/Common Carrier Name: _____

Contact Person: _____ Title: _____

Street: _____

City/Town: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____

E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION:

Operator/Facility Name: _____

Contact Person: _____ Title: _____

Street: _____

City/Town: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____

Type of Facility: (check one) ☐ Asphalt Batch/Cold Mix ☐ Landfill/Disposal ☐ Incinerator ☐ Temporary Storage

☐ Asphalt Batch/Hot Mix ☐ Landfill/Daily Cover ☐ Other: _____

☐ Thermal Processing ☐ Landfill/Structural Fill EPA Identification #: _____

Division of Hazardous Waste/Class A Permit #: _____ Division of Solid Waste Management Permit #: _____

Actual/Anticipated Period of Temporary Storage (specify dates if applicable): _____ to: _____

Reason for Temporary Storage: _____



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E. RECEIVING FACILITY/TEMPORARY STORAGE LOCATION (continued) :

Temporary Storage Address:

Street: _____

City/Town: _____ State: _____ ZIP Code: _____

F. DESCRIPTION OF REMEDIATION WASTE:

(check all that apply)

- ☐ Contaminated Media (check all that apply): ☐ Soil ☐ Groundwater ☐ Surface Water ☐ Other: _____
- ☐ Contaminated Debris (check all that apply): ☐ Vegetation or Organic Debris ☐ Demolition/Construction Waste
☐ Inorganic Absorbant Materials ☐ Other: _____
- ☐ Non-hazardous Uncontainerized Waste (check all that apply): ☐ Non-aqueous Phase Liquid ☐ Other: _____
- ☐ Non-hazardous Containerized Waste (check all that apply): ☐ Tank Bottoms/Sludges ☐ Containers ☐ Drums
☐ Engineered Impoundments ☐ Other: _____

Type of Contamination (check all that apply): ☐ Gasoline ☐ Diesel Fuel ☐ #2 Oil ☐ #4 Oil ☐ #6 Oil ☐ Waste Oil
☐ Kerosene ☐ Jet Fuel ☐ Other: _____

Estimated Volume of Materials: Cubic Yards: _____ Tons: _____ Other: _____

Contaminant Source (check one/specify): ☐ Transportation Accident ☐ Underground Storage Tank ☐ Other: _____

Response Action Associated with Bill of Lading (check one): ☐ Immediate Response Action ☐ Release Abatement Measure
☐ Utility-Related Abatement Measure ☐ Limited Removal Action ☐ Comprehensive Response Action ☐ Other: _____

Remediation Waste Characterization Support Documentation attached:

☐ Site History Information ☐ Sampling and Analytical Methods and Procedures ☐ Laboratory Data ☐ Field Screening Data

If supporting documentation is not appended, provide an attachment stating the date and in connection with what document such information was previously submitted to DEP.

G. LICENSED SITE PROFESSIONAL (LSP) OPINION:

Name of Organization: _____

LSP Name: _____ Title: _____

Telephone: _____ Ext.: _____

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal, including any and all documents accompanying this submittal. In my professional opinion and judgment based upon application of

- (i) the standard of care in 309 CMR 4.02(1),
(ii) the applicable provisions of 309 CMR 4.02(2) and (3), and
(iii) the provisions of 309 CMR 4.03(5),

to the best of my knowledge, information and belief, the assessment actions undertaken to characterize the Remediation Waste which is (are) the subject of this submittal for acceptance at the facility identified in this submittal comply with the applicable provisions of 310 CMR 40.0000, and such facility is permitted to accept Remediation Waste having the characteristics described in this submittal. I am aware that significant penalties may result, including, but not limited to, possible fines and imprisonment, if I submit information which I know to be false, inaccurate or materially incomplete.

LSP Signature: _____ Seal: _____

Date: _____

License Number: _____



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H. CERTIFICATION OF PERSON CONDUCTING RESPONSE ACTION ASSOCIATED WITH THIS BILL OF LADING:

I certify under penalties of law that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained herein is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

Signature: _____

Date: _____

Name of Person (print): _____